



CHILDREN'S ADMINISTRATION  
DIVISION OF CHILDREN AND FAMILY SERVICES

**INITIAL INDEPENDENT LIVING SKILLS PLAN**

DATE OF INTAKE:		DCFS CASE NUMBER:		DATE FORM SENT TO DCFS:	
<b>To be completed in consultation with the youth and the Life Skills Inventory (DSHS 10-267)</b>					
YOUTH NAME:				DATE OF BIRTH:	
YOUTH LIVING ARRANGEMENTS AT INTAKE					
ADDRESS:		CITY:	STATE	ZIPCODE:	TELEPHONE (include area code):
			WA		
DCFS SOCIAL WORKER:			TELEPHONE (including area code):		
<b>INDEPENDENT LIVING SKILL AREAS</b>					
<b>1. Attainment of Educational Goals</b>					
H. Educational Planning		DATE:		SKILL LEVEL:	
GOALS:					
PLAN:					
TIME FRAME:			HELPER:		
<b>2. Income Maintenance</b>					
A. Money Management/Consumer Awareness		DATE:		SKILL LEVEL:	
GOALS:					
PLAN:					
TIME FRAME:			HELPER:		
<b>3. Vocational Goal Achievement</b>					
I. Job Seeking Skills		DATE:		SKILL LEVEL:	
J. Job Maintenance Skills		DATE:		SKILL LEVEL:	
GOALS:					

<b>3. Vocational Goal Achievement (continued)</b>		
PLAN:		
TIME FRAME:	HELPER:	
<b>4. Housing Skills</b>		
E. Housekeeping	DATE:	SKILL LEVEL:
F. Housing	DATE:	SKILL LEVEL:
GOALS:		
PLAN:		
TIME FRAME:	HELPER:	
<b>5. Daily Living Skills</b>		
B. Food Management	DATE:	SKILL LEVEL:
C. Personal Appearance and Hygiene	DATE:	SKILL LEVEL:
D. Health	DATE:	SKILL LEVEL:
G. Transportation	DATE:	SKILL LEVEL:
K. Emergency and Safety Skills	DATE:	SKILL LEVEL:
L. Knowledge of Community Resources	DATE:	SKILL LEVEL:
N. Legal Skills	DATE:	SKILL LEVEL:
GOALS:		
PLAN:		
TIME FRAME:	HELPER:	

<b>6. Interpersonal Skills</b>		
M. Interpersonal Skills	DATE:	SKILL LEVEL:
O. Pregnancy Prevention/Parenting Skills	DATE:	SKILL LEVEL:
GOALS:		
PLAN:		
TIME FRAME:	HELPER:	
<b>COMMENTS</b>		
<b>SIGNATURES</b>		
YOUTH SIGNATURE:	DATE:	
STAFF SIGNATURE:	DATE:	